

Attach certified **CHECK** or **MONEY**
ORDER payable to the
Commonwealth of MA.
DO NOT SEND CASH

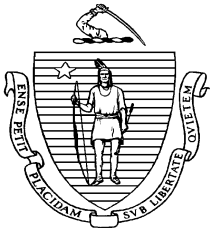
Photograph taken less than 1 year prior to filing application
Do not use staples - Paste or cellophane tape only – 2" X 2" passport type

Board Use Only	
Number of Inspections	Total _____
Application	Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>
_____ Executive Director/Designee	

- *The Board is certified by the Criminal History Systems Board (ID# MAREG G) to access data about convictions and pending criminal cases. Those records –and other Federal and professional records---may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board.*

- (Signature)** _____ **Date:** _____

[illegible]



The Commonwealth of Massachusetts
Division of Professional Licensure
239 Causeway Street Boston, MA 02114
www.mass.gov/dpl/boards/hi/index.htm
Board of Registration of Home Inspectors
(617) 727-0131

Associate and Permanent License Application

HOME INSPECTOR SUPERVISION VERIFICATION

Make copies and use more than one sheet if necessary. All signatures must be original. Pursuant to M.G.L 146 all statements made are subject to the penalties of perjury.

Name of Applicant _____

Name of Employer _____

Employer's Address _____
No. Street City/Town State Zip

Employed

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 To

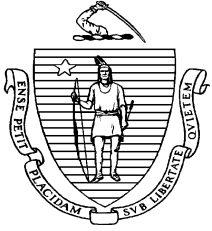
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Month Day Year Month Day Year Years

Signature of Licensed Home Inspector MA License Number Date

Please attach proof of \$250,000 of errors and omissions insurance.



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Home Inspections List

Please list 25 home inspections performed under direct supervision of a Massachusetts Licensed Home Inspector.

Date	Address	Client
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
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16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		

Please provide proof of successful completion of 75 hours of Educational Training Credits. Formal coursework must include not less than:

- (a) Six hours dedicated to the inspection of roofing,
- (b) Six hours dedicated to the inspection of exterior cladding system(s).
- (c) Six hours dedicated to the inspection of masonry system(s).
- (d) Nine hours dedicated to the inspection of structural system(s).
- (e) Nine hours dedicated to the inspection of electrical system(s).
- (f) Nine hours dedicated to the inspection of plumbing system(s).
- (g) Nine hours dedicated to the inspection of heating and air conditioning systems.
- (h) Six hours shall be dedicated to the 266 CMR regulations including the standards of practice.
- (i) Six hours dedicated to Report writing.
- (j) Three hours dedicated to professional ethics.
- (k) Three hours dedicated to contract law.
- (2) To meet the total number of hours required, the Trainee shall select, at his/her option, any three additional open Training Credits.

I _____ being duly sworn says that he is the person who is referred to in this application for certificate as licensed Home Inspector or Associate, in the State of Massachusetts; that the statements herein contained are strictly true in every respect and that he has complied with all requirements of law.

before me this _____
(Signature of Applicant)

day of _____ 19____ (Seal) s/ _____
(Person Administering Oath)